

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-1312	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/22/2009 TIME 13:39

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: WHITE COUNTY MEMORIAL HOSPITAL 15-1312 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 13:39

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PI ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 13:39

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pnZA4e3H5V0aylQA

Stephanie Young
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Executive Vice President
TITLE
5/26/2009
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1	HOSPITAL	0	159,963	-302,953	583,345
3	SWING BED - SNF	0	139,920	0	0
7	HOSPITAL-BASED HHA	0	0	1	0
100	TOTAL	0	299,883	-302,952	583,345

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 720 SOUTH SIXTH STREET P.O. BOX:
 1.01 CITY: MONTICELLO STATE: IN ZIP CODE: 47960- COUNTY: WHITE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-1312	2.01	7/ 1/1966	N	0	0
04.00	SWING BED - SNF	15-Z312		2/16/1990	N	0	N
09.00	HOSPITAL-BASED HHA	15-7514		3/ 1/1997	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000
 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
28.07		0.00%	
28.08		0.00%	
28.09		0.00%	
28.10		0.00%	
28.11		0.00%	
28.12		0.00%	
28.13		0.00%	
28.14		0.00%	
28.15		0.00%	
28.16		0.00%	
28.17		0.00%	
28.18		0.00%	
28.19		0.00%	
28.20		0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMPQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
 FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
 THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR
 "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y,
 ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING
 PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC
 YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
 ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,
 CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
 ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
 DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	I/P DAYS / TITLE	O/P VISITS / TITLE	NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	2	2.01	V 3	XVIII 4	4.01	5
2 HMO	24	8,784	78,312.00		2,037		512
2 01 HMO - (IRF PPS SUBPROVIDER)					1,244		
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	24	8,784	78,312.00		3,281		512
6 INTENSIVE CARE UNIT	1	366	4,176.00		138		14
11 NURSERY							308
12 TOTAL	25	9,150	82,488.00		3,419		834
13 RPCH VISITS							
18 HOME HEALTH AGENCY					4,671		524
25 TOTAL	25						
26 OBSERVATION BED DAYS							135
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL ADMITTED	TRIPS / NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			3,211				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,259				
4 ADULTS & PED-SB NF			134				
5 TOTAL ADULTS AND PEDS			4,604				
6 INTENSIVE CARE UNIT			174				
11 NURSERY			451				
12 TOTAL			5,229				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			8,222				
25 TOTAL							
26 OBSERVATION BED DAYS	36	99	520	150	370		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					592	345	1,286
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		225.73			592	345	1,286
13 RPCH VISITS							
18 HOME HEALTH AGENCY		11.54					
25 TOTAL		237.27					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-1312 I FROM 1/ 1/2008 I WORKSHEET S-4
I HHA NO: I TO 12/31/2008 I
I 15-7514 I
COUNTY: I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	12,290	1,294	7,977
2 UNDUPLICATED CENSUS COUNT		163.00		
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	21,561			
2 UNDUPLICATED CENSUS COUNT				
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	40.00			
	HHA NO. OF FTE EMPLOYEES (2080 HRS)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.08		1.08	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				
5 OTHER ADMINISTRATIVE PERSONEL				
6 DIRECTING NURSING SERVICE	4.48		4.48	
7 NURSING SUPERVISOR				
8 PHYSICAL THERAPY SERVICE	.13		.13	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	.16		.16	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE	.03		.03	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE				
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	5.66		5.66	
17 HOME HEALTH AIDE SUPERVISOR				
18				
HOME HEALTH AGENCY MSA CODES	1	1.01		
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0		
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915			

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA	PEP ONLY
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4
21 SKILLED NURSING VISITS	1,801	104	4	47
22 SKILLED NURSING VISIT CHARGES	159,048	7,152	504	4,416
23 PHYSICAL THERAPY VISITS	1,759	0	0	12
24 PHYSICAL THERAPY VISIT CHARGES	197,289	0	0	1,350
25 OCCUPATIONAL THERAPY VISITS	74	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	6,268	0	0	0
27 SPEECH PATHOLOGY VISITS	17	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,316	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	803	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	40,138	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,454	104	4	59
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	404,059	7,152	504	5,766
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	3,085	228	0	92

Health Financial Systems MCRIF32 FOR WHITE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-1312	I FROM 1/ 1/2008	I 5/22/2009
I HHA NO:	I TO 12/31/2008	I WORKSHEET S-4
I 15-7514	I	I

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,956
22 SKILLED NURSING VISIT CHARGES	0	0	171,120
23 PHYSICAL THERAPY VISITS	0	0	1,771
24 PHYSICAL THERAPY VISIT CHARGES	0	0	198,639
25 OCCUPATIONAL THERAPY VISITS	0	0	74
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	6,268
27 SPEECH PATHOLOGY VISITS	0	0	17
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,316
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	803
32 HOME HEALTH AIDE VISIT CHARGES	0	0	40,138
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	4,621
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	417,481
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	3,405

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-1312
I

I PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008

I PREPARED 5/22/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		1,012,982	1,012,982	-575,633	437,349
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT-HOSP		476,043	476,043	464,157	940,200
1.02	0102 OLD CAP REL COSTS-BLDG & FIXT					
1.03	0103 OLD CAP REL COSTS-BLDG & FIXT-TLMAB				333,147	333,147
5	0500 EMPLOYEE BENEFITS	114,970	3,346,847	3,461,817		3,461,817
6	0600 ADMINISTRATIVE & GENERAL	1,844,371	1,768,185	3,612,556	-222,880	3,389,676
8	0800 OPERATION OF PLANT		98	98	159,091	159,189
8.01	0801 OPERATION OF PLANT-HOSPITAL	159,189	709,259	868,448	-159,189	709,259
8.02	0802 OPERATION OF PLANT-POB		733	733	-733	
8.03	0803 OPERATION OF PLANT-TLMAB		197,481	197,481		197,481
9	0900 LAUNDRY & LINEN SERVICE		107,984	107,984		107,984
10	1000 HOUSEKEEPING	254,610	107,689	362,299		362,299
11	1100 DIETARY	406,070	226,650	632,720	-195,860	436,860
12	1200 CAFETERIA				195,860	195,860
14	1400 NURSING ADMINISTRATION	631,312	32,811	664,123		664,123
15	1500 CENTRAL SERVICES & SUPPLY	72,328	56,860	129,188		129,188
16	1600 PHARMACY	105,879	1,563,169	1,669,048		1,669,048
17	1700 MEDICAL RECORDS & LIBRARY	178,301	97,967	276,268		276,268
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,471,197	453,139	1,924,336	-120,311	1,804,025
26	2600 INTENSIVE CARE UNIT	137,878	28,921	166,799		166,799
33	3300 NURSERY	143,971	6,103	150,074	-26,674	123,400
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	734,920	795,408	1,530,328		1,530,328
39	3900 DELIVERY ROOM & LABOR ROOM				146,985	146,985
41	4100 RADIOLOGY-DIAGNOSTIC	961,856	809,837	1,771,693		1,771,693
42	4200 RADIOLOGY-THERAPEUTIC	46,149	79,833	125,982		125,982
43	4300 RADIOISOTOPE	146,297	253,119	399,416		399,416
44	4400 LABORATORY	583,052	927,705	1,510,757		1,510,757
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY					
50	5000 PHYSICAL THERAPY	231,223	185,566	416,789		416,789
51	5100 OCCUPATIONAL THERAPY	67,617	6,315	73,932		73,932
52	5200 SPEECH PATHOLOGY	37,385	1,455	38,840		38,840
53	5300 ELECTROCARDIOLOGY	14,107	29,684	43,791		43,791
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
59	3480 CAT SCAN	161,905	338,850	500,755		500,755
59.01	3230 ONCOLOGY	76,923	49,377	126,300		126,300
59.02	3160 CARDIOPULMONARY	314,308	88,210	402,518		402,518
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	70,968	20,174	91,142		91,142
61	6100 EMERGENCY	760,877	672,093	1,432,970		1,432,970
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 OBSERVATION BEDS (DISTINCT PART)	4,854	1,309	6,163		6,163
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	100,989	66,989	167,978		167,978
71	7100 HOME HEALTH AGENCY	437,011	158,663	595,674		595,674
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	10,270,517	14,677,508	24,948,025	-2,040	24,945,985
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 DR. WHITT	377,682	352,751	730,433		730,433
98.02	9802 TLMOB		44,589	44,589		44,589
98.03	9803 FORMER MAB				2,040	2,040
100	7951 OCC MED	472	2,804	3,276		3,276
100.01	7950 VENDING ROOM					
101	TOTAL	10,648,671	15,077,652	25,726,323	-0-	25,726,323

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
I 15-1312 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-104,435	332,914
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT-HOSP	-61,268	878,932
1.02 0102	OLD CAP REL COSTS-BLDG & FIXT		
1.03 0103	OLD CAP REL COSTS-BLDG & FIXT-TLMAB		333,147
5 0500	EMPLOYEE BENEFITS		3,461,817
6 0600	ADMINISTRATIVE & GENERAL	-270,363	3,119,313
8 0800	OPERATION OF PLANT		159,189
8.01 0801	OPERATION OF PLANT-HOSPITAL		709,259
8.02 0802	OPERATION OF PLANT-POB		
8.03 0803	OPERATION OF PLANT-TLMAB		197,481
9 0900	LAUNDRY & LINEN SERVICE		107,984
10 1000	HOUSEKEEPING		362,299
11 1100	DIETARY	-183,897	252,963
12 1200	CAFETERIA	-47,495	148,365
14 1400	NURSING ADMINISTRATION		664,123
15 1500	CENTRAL SERVICES & SUPPLY	-53,787	75,401
16 1600	PHARMACY	-89,536	1,579,512
17 1700	MEDICAL RECORDS & LIBRARY	-429	275,839
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-274,428	1,529,597
26 2600	INTENSIVE CARE UNIT		166,799
33 3300	NURSERY		123,400
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-552,364	977,964
39 3900	DELIVERY ROOM & LABOR ROOM		146,985
41 4100	RADIOLOGY-DIAGNOSTIC	-196,738	1,574,955
42 4200	RADIOLOGY-THERAPEUTIC		125,982
43 4300	RADIOISOTOPE		399,416
44 4400	LABORATORY	-48,000	1,462,757
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		
50 5000	PHYSICAL THERAPY		416,789
51 5100	OCCUPATIONAL THERAPY		73,932
52 5200	SPEECH PATHOLOGY		38,840
53 5300	ELECTROCARDIOLOGY		43,791
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56 5600	DRUGS CHARGED TO PATIENTS		
59 3480	CAT SCAN		500,755
59.01 3230	ONCOLOGY	-30,000	96,300
59.02 3160	CARDIOPULMONARY		402,518
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		91,142
61 6100	EMERGENCY		1,432,970
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
62.01 6201	OBSERVATION BEDS (DISTINCT PART)		6,163
	OTHER REIMBURS COST CNTRS		
66 6600	DURABLE MEDICAL EQUIP-RENTED		167,978
71 7100	HOME HEALTH AGENCY		595,674
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-1,912,740	23,033,245
	NONREIMBURS COST CENTERS		
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	DR. WHITT		730,433
98.02 9802	TLMOB		44,589
98.03 9803	FORMER MAB		2,040
100 7951	OCC MED		3,276
100.01 7950	VENDING ROOM		
101	TOTAL	-1,912,740	23,813,583

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT-HOSP	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-BLDG & FIXT	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-BLDG & FIXT-TLMAB	0103	OLD CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT-HOSPITAL	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT-POB	0802	OPERATION OF PLANT
8.03	OPERATION OF PLANT-TLMAB	0803	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CAT SCAN	3480	ONCOLOGY
59.01	ONCOLOGY	3230	CAT SCAN
59.02	CARDIOPULMONARY	3160	CARDIOPULMONARY
OUTPAT SERVICE COST			
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
OTHER REIMBURS COST			
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	DR. WHITT	9801	PHYSICIANS' PRIVATE OFFICES
98.02	TLMOB	9802	PHYSICIANS' PRIVATE OFFICES
98.03	FORMER MAB	9803	PHYSICIANS' PRIVATE OFFICES
100	OCC MED	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	VENDING ROOM	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 151312	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/22/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA RECLASS	A	CAFETERIA	12	121,258	74,602
2 OB NURSERY LDR RECLASS	B	DELIVERY ROOM & LABOR ROOM	39	128,796	18,189
3		NURSERY	33		9,168
4 MAB EXPENSE RECLASS	E	OLD CAP REL COSTS-BLDG & FIXT-HOSP	1.01		1,818
5		FORMER MAB	98.03		76
6		OLD CAP REL COSTS-BLDG & FIXT-HOSP	1.01		240,690
7		FORMER MAB	98.03		1,009
8		FORMER MAB	98.03		222
9		OLD CAP REL COSTS-BLDG & FIXT	1		98
10		OPERATION OF PLANT	8	159,189	
11		OLD CAP REL COSTS-BLDG & FIXT-HOSP	1.01		222,880
12		FORMER MAB	98.03		50
13 TLMOB INTEREST EXPENSE	F	OLD CAP REL COSTS-BLDG & FIXT-TLMAB	1.03		333,147
14 FORMER MAB EXPENSE	G	FORMER MAB	98.03		683
36 TOTAL RECLASSIFICATIONS				409,243	902,632

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 151312	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/22/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10	
	CODE (1) COST CENTER 1		LINE NO 7	SALARY 8		OTHER 9
1 CAFETERIA RECLASS	A	DIETARY	11	121,258	74,602	
2 OB NURSERY LDR RECLASS	B	NURSERY	33	35,842		
3		ADULTS & PEDIATRICS	25	92,954	27,357	
4 MAB EXPENSE RECLASS	E	OLD CAP REL COSTS-BLDG & FIXT	1		1,818	9
5		OLD CAP REL COSTS-BLDG & FIXT	1		76	9
6		OLD CAP REL COSTS-BLDG & FIXT	1		240,690	9
7		OLD CAP REL COSTS-BLDG & FIXT-HOSP	1.01		1,009	9
8		OLD CAP REL COSTS-BLDG & FIXT-HOSP	1.01		222	9
9		OPERATION OF PLANT	8		98	9
10		OPERATION OF PLANT-HOSPITAL	8.01	159,189		
11		ADMINISTRATIVE & GENERAL	6		222,880	9
12		OPERATION OF PLANT-POB	8.02		50	9
13 TLMOB INTEREST EXPENSE	F	OLD CAP REL COSTS-BLDG & FIXT	1		333,147	11
14 FORMER MAB EXPENSE	G	OPERATION OF PLANT-POB	8.02		683	
36 TOTAL RECLASSIFICATIONS				409,243	902,632	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASS CODE: A
 EXPLANATION : CAFETERIA RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	195,860	DIETARY	11	195,860
TOTAL RECLASSIFICATIONS FOR CODE A		195,860			

RECLASS CODE: B
 EXPLANATION : OB NURSERY LDR RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	146,985	NURSERY	33	35,842
2.00	NURSERY	9,168	ADULTS & PEDIATRICS	25	120,311
TOTAL RECLASSIFICATIONS FOR CODE B		156,153			

RECLASS CODE: E
 EXPLANATION : MAB EXPENSE RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT-	1,818	OLD CAP REL COSTS-BLDG & FIXT	1	1,818
2.00	FORMER MAB	76	OLD CAP REL COSTS-BLDG & FIXT	1	76
3.00	OLD CAP REL COSTS-BLDG & FIXT-	240,690	OLD CAP REL COSTS-BLDG & FIXT	1	240,690
4.00	FORMER MAB	1,009	OLD CAP REL COSTS-BLDG & FIXT-	1.01	1,009
5.00	FORMER MAB	222	OLD CAP REL COSTS-BLDG & FIXT-	1.01	222
6.00	OLD CAP REL COSTS-BLDG & FIXT	98	OPERATION OF PLANT	8	98
7.00	OPERATION OF PLANT	159,189	OPERATION OF PLANT-HOSPITAL	8.01	159,189
8.00	OLD CAP REL COSTS-BLDG & FIXT-	222,880	ADMINISTRATIVE & GENERAL	6	222,880
9.00	FORMER MAB	50	OPERATION OF PLANT-POB	8.02	50
TOTAL RECLASSIFICATIONS FOR CODE E		626,032			

RECLASS CODE: F
 EXPLANATION : TLMOB INTEREST EXPENSE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT-	333,147	OLD CAP REL COSTS-BLDG & FIXT	1	333,147
TOTAL RECLASSIFICATIONS FOR CODE F		333,147			

RECLASS CODE: G
 EXPLANATION : FORMER MAB EXPENSE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	FORMER MAB	683	OPERATION OF PLANT-POB	8.02	683
TOTAL RECLASSIFICATIONS FOR CODE G		683			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	982,570					982,570	
2	LAND IMPROVEMENTS	644,172		1,183,966	1,183,966	1,559	1,826,579	
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN	13,714,729	35,550	26,657,259	26,692,809	690,922	39,716,616	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	6,244,943	130,863	2,332,362	2,463,225	705,576	8,002,592	
7	SUBTOTAL	21,586,414	166,413	30,173,587	30,340,000	1,398,057	50,528,357	
8	RECONCILING ITEMS							
9	TOTAL	21,586,414	166,413	30,173,587	30,340,000	1,398,057	50,528,357	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITALIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL OTHER CAPITAL RELATED COSTS			TOTAL 8
			LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-BL								
1 02	OLD CAP REL COSTS-BL								
1 03	OLD CAP REL COSTS-BL								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL	770,496		-437,582				332,914
1 01	OLD CAP REL COSTS-BL	940,200	-24,325	-36,943				878,932
1 02	OLD CAP REL COSTS-BL							
1 03	OLD CAP REL COSTS-BL			333,147				333,147
5	TOTAL	1,710,696	-24,325	-141,378				1,544,993

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL	1,012,982						1,012,982
1 01	OLD CAP REL COSTS-BL	476,043						476,043
1 02	OLD CAP REL COSTS-BL							
1 03	OLD CAP REL COSTS-BL							
5	TOTAL	1,489,025						1,489,025

* All lines numbers except line 5 are to be consistent with worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I
I 15-1312 I
I I

I PERIOD: I PREPARED 5/22/2009
I FROM 1/1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-924,146			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 CAFETERIA	B	-47,495	CAFETERIA	12	
38 SALE OF MEDICAL RECORDS	B	-429	MEDICAL RECORDS & LIBRARY	17	
39 SALE OF PHARMACY	B	-89,536	PHARMACY	16	
40 WIC PROGRAM	A	-168,201	DIETARY	11	
41 SAFE SITTER	B	-450	ADMINISTRATIVE & GENERAL	6	
42 SALES TAX DISCOUNT	B	-10,756	ADMINISTRATIVE & GENERAL	6	
43 MISC REVENUE	B	-5,275	ADMINISTRATIVE & GENERAL	6	
44 MISC REVENUE	B	-15,260	DIETARY	11	
45 ADVERTISING A&G	A	-147,678	ADMINISTRATIVE & GENERAL	6	
46 IHHA & AHA LOBBYING	A	-3,028	ADMINISTRATIVE & GENERAL	6	
47 DOCTORS APPLICATION FEE	B	-1,925	ADMINISTRATIVE & GENERAL	6	
48 SALE OF XRAY FILM	B	-238	RADIOLOGY-DIAGNOSTIC	41	
49 O'CONNOR RENTAL	B	-4,800	ADMINISTRATIVE & GENERAL	6	
49.01 INTEREST ON PATIENT ACCOUNTS	B	-245	ADMINISTRATIVE & GENERAL	6	
49.02 GROUP PURCHASE REBATE	B	-4,525	ADMINISTRATIVE & GENERAL	6	
49.03 CPR	B	-3,241	ADMINISTRATIVE & GENERAL	6	
49.04 DIETARY MISC REVENUE	B	-436	DIETARY	11	
49.05 INTEREST INCOME	B	-104,435	OLD CAP REL COSTS-BLDG &	1	11
49.06 DAWN REPORTING	B	-1,427	ADMINISTRATIVE & GENERAL	6	
49.07 MATERIALS MANAGEMENT	B	-53,787	CENTRAL SERVICES & SUPPLY	15	
49.08 PHYSICIAN RECRUITMENT	A	-60,000	ADMINISTRATIVE & GENERAL	6	
49.09 ORGANIZATION DONATE	A	-27,000	ADMINISTRATIVE & GENERAL	6	
49.10 CASH SHORT OR LONG	B	-13	ADMINISTRATIVE & GENERAL	6	
49.11 CLINIC RENTAL INCOME	B	-20,225	OLD CAP REL COSTS-BLDG &	1.01	10
49.12 CRNA EXPENSE	A	-177,146	OPERATING ROOM	37	
49.13 CLINIC RENTAL INCOME	B	-4,100	OLD CAP REL COSTS-BLDG &	1.01	10
49.14 INTEREST INCOME	B	-36,943	OLD CAP REL COSTS-BLDG &	1.01	11
49.15					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,912,740			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	PHYSICIAN FEES - OB	274,428	274,428					
2 37	PHYSICIAN FEES - OR	375,218	375,218					
3 61	PHYSICIAN FEES - EMER DEP	486,000		486,000				
4 44	PHYSICIANS FEES - LAB	48,000	48,000					
5 41	PHYSICIAN FEES R- RADIOLO	196,500	196,500					
6 59 1	PHYSICIAN FEES - ONCOLOGY	30,000	30,000					
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,410,146	924,146	486,000				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET A-8-2
 I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	25	PHYSICIAN FEES - OB						274,428
2	37	PHYSICIAN FEES - OR						375,218
3	61	PHYSICIAN FEES - EMER DEP						
4	44	PHYSICIANS FEES - LAB						48,000
5	41	PHYSICIAN FEES R- RADIOLO						196,500
6	59 1	PHYSICIAN FEES - ONCOLOGY						30,000
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						924,146

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 52
 (SEE INSTRUCTIONS)
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR
 OR THERAPIST WAS ON PROVIDER SITE
 (SEE INSTRUCTIONS)
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY
 ASSISTANT WAS ON PROVIDER SITE BUT NEITHER
 SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE
 (SEE INSTRUCTIONS)
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS -
 SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS -
 THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY
 THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR
 THERAPIST WAS NOT PRESENT DURING THE VISIT(S))
 (SEE INSTRUCTIONS)
 7 STANDARD TRAVEL EXPENSE RATE 4.85
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9 TOTAL HOURS WORKED		879.50	153.00		
10 AHSEA (SEE INSTRUCTIONS)		64.41	52.19		
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.21	32.21	26.10		
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1,
 LINE 10)
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2,
 LINE 10) 56,649
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3,
 LINE 10) 7,985
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT
 OR LINES 14-16 FOR ALL OTHERS) 64,634
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5,
 LINE 10)
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT
 OR LINES 17 AND 18 FOR ALL OTHERS) 64,634

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES
 (SEE INSTRUCTIONS)
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES
 (SEE INSTRUCTIONS)
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 64,634

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE
 24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES
 3 AND 4)
 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD
 TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES
 26 AND 27)
 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE
 29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF
 COLUMNS 1 AND 2, LINE 12)
 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3,
 LINE 12)

REASONABLE COST DETERMINATION FOR THERAPY
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS
 ON OR AFTER APRIL 10, 1998

PHYSICAL THERAPY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 38 AND 39 -
SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 39 AND 42 -
SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 42 AND 43 -
SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 64,634
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

I PROVIDER NO:
I 15-1312
I

I PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008

I PREPARED 5/22/2009
I WORKSHEET A-8-4
I PARTS I - VII

PHYSICAL THERAPY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	64,634
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	58,656
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	58,656
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	58,656
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52				
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780				
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)					
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)					
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)					
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)					
7	STANDARD TRAVEL EXPENSE RATE	4.85				
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE					
			SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES
			1	2	3	4
9	TOTAL HOURS WORKED			42.25		
10	AHSEA (SEE INSTRUCTIONS)			50.93		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	25.47		25.47		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	2,152
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	2,152
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	2,152

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	50.93
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	39,725
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	39,725

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE	
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

OCCUPATIONAL THERAPY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 39,725
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)

OCCUPATIONAL THERAPY

61 EQUIPMENT COST (SEE INSTRUCTIONS)

62 SUPPLIES (SEE INSTRUCTIONS)

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 39,725

64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 1,580

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS) 1,580

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 1,580

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT-HOSP	21	SQUARE	FEET	ENTERED
1.02	OLD CAP REL COSTS-BLDG & FIXT	22	SQUARE	FEET	NOT ENTERED
1.03	OLD CAP REL COSTS-BLDG & FIXT-TLMAB	23	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES		NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT-HOSPITAL	21	SQUARE	FEET	ENTERED
8.02	OPERATION OF PLANT-POB	22	SQUARE	FEET	NOT ENTERED
8.03	OPERATION OF PLANT-TLMAB	23	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTES		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	SUBTOTAL			
	0	1	1.01	1.02	1.03	5	
GENERAL SERVICE COST CNTR							5a.00
001 OLD CAP REL COSTS-BLDG &	332,914	332,914					
001 01 OLD CAP REL COSTS-BLDG &	878,932		878,932				
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &	333,147				333,147		
005 EMPLOYEE BENEFITS	3,461,817					3,461,817	
006 ADMINISTRATIVE & GENERAL	3,119,313	23,641	52,904		35,365	606,139	3,837,362
008 OPERATION OF PLANT	159,189					52,316	211,505
008 01 OPERATION OF PLANT-HOSPIT	709,259	54,430	187,908				951,597
008 02 OPERATION OF PLANT-POB							
008 03 OPERATION OF PLANT-TLMAB	197,481	3,056			13,001		213,538
009 LAUNDRY & LINEN SERVICE	107,984	3,117	10,762				121,863
010 HOUSEKEEPING	362,299	5,254	16,962		1,450	83,676	469,641
011 DIETARY	252,963	8,253	28,491			93,601	383,308
012 CAFETERIA	148,365	6,630	14,534		10,295	39,850	219,674
014 NURSING ADMINISTRATION	664,123	4,944	17,067			207,476	893,610
015 CENTRAL SERVICES & SUPPLY	75,401	10,639	36,730			23,770	146,540
016 PHARMACY	1,579,512	3,866	13,347			34,796	1,631,521
017 MEDICAL RECORDS & LIBRARY	275,839	6,511	19,716		3,406	58,597	364,069
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,529,597	40,734	140,626			452,949	2,163,906
026 INTENSIVE CARE UNIT	166,799	5,361	18,507			45,313	235,980
033 NURSERY	123,400	737	2,543			35,536	162,216
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	977,964	21,127	72,935			241,526	1,313,552
039 DELIVERY ROOM & LABOR ROO	146,985	1,820	6,285			42,328	197,418
041 RADIOLOGY-DIAGNOSTIC	1,574,955	22,356	77,181			316,106	1,990,598
042 RADIOLOGY-THERAPEUTIC	125,982	210	725			15,166	142,083
043 RADIOISOTOPE	399,416	749	2,585			48,079	450,829
044 LABORATORY	1,462,757	12,664	43,719			191,615	1,710,755
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	416,789	2,037	7,031			75,990	501,847
051 OCCUPATIONAL THERAPY	73,932					22,222	96,154
052 SPEECH PATHOLOGY	38,840					12,286	51,126
053 ELECTROCARDIOLOGY	43,791	496	1,713			4,636	50,636
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CAT SCAN	500,755	913	3,153			53,209	558,030
059 01 ONCOLOGY	96,300	1,632	5,633			25,280	128,845
059 02 CARDIOPULMONARY	402,518	4,545	15,691			103,295	526,049
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	91,142	6,676	23,047			23,323	144,188
061 EMERGENCY	1,432,970	13,507	46,630			250,056	1,743,163
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	6,163	1,963	6,779			1,595	16,500
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	167,978	5,985	2,627		22,221	33,189	232,000
071 HOME HEALTH AGENCY	595,674	2,862			12,172	143,620	754,328
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	23,033,245	276,715	875,831		97,910	3,337,540	22,614,431
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		12,079			51,383		63,462
098 01 DR. WHITT	730,433	5,346			22,739	124,122	882,640
098 02 TLMOB	44,589	37,876			161,115		243,580
098 03 FORMER MAB	2,040						2,040
100 OCC MED	3,276	326	1,125			155	4,882
100 01 VENDING ROOM		572	1,976				2,548
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,813,583	332,914	878,932		333,147	3,461,817	23,813,583

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-HOSPIT	OPERATION OF PLANT-POB	OPERATION OF PLANT-TLMAB	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6	8	8.01	8.02	8.03	9	10
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	3,837,362						
008 OPERATION OF PLANT	40,629	252,134					
008 01 OPERATION OF PLANT-HOSPIT	182,798	44,373	1,178,768				
008 02 OPERATION OF PLANT-POB							
008 03 OPERATION OF PLANT-TLMAB	41,020	2,492			257,050		
009 LAUNDRY & LINEN SERVICE	23,409	2,541	19,879			167,692	
010 HOUSEKEEPING	90,216	4,284	31,333		1,309	505	597,288
011 DIETARY	73,632	6,728	52,630			1,035	35,306
012 CAFETERIA	42,198	5,405	26,849		9,292		
014 NURSING ADMINISTRATION	171,659	4,030	31,528				
015 CENTRAL SERVICES & SUPPLY	28,150	8,674	67,850				3,896
016 PHARMACY	313,409	3,152	24,655				9,253
017 MEDICAL RECORDS & LIBRARY	69,936	5,308	36,420		3,074		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	415,687	33,208	259,771			67,960	186,516
026 INTENSIVE CARE UNIT	45,331	4,370	34,187			1,047	20,697
033 NURSERY	31,161	601	4,698			1,723	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	252,328	17,223	134,730			41,410	73,048
039 DELIVERY ROOM & LABOR ROO	37,923	1,484	11,609				
041 RADIOLOGY-DIAGNOSTIC	382,386	18,226	142,573			12,563	32,628
042 RADIOLOGY-THERAPEUTIC	27,294	171	1,340				
043 RADIOISOTOPE	86,602	611	4,776				
044 LABORATORY	328,629	10,324	80,760			442	30,924
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	96,403	1,660	12,988			1,180	9,983
051 OCCUPATIONAL THERAPY	18,471						
052 SPEECH PATHOLOGY	9,821						
053 ELECTROCARDIOLOGY	9,727	405	3,164				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CAT SCAN	107,195	745	5,824				
059 01 ONCOLOGY	24,751	1,330	10,406			404	
059 02 CARDIOPULMONARY	101,052	3,705	28,984			757	10,470
OUTPAT SERVICE COST CNTRS							
060 CLINIC	27,698	5,442	42,574			1,300	19,966
061 EMERGENCY	334,855	11,012	86,138			36,722	45,777
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	3,170	1,601	12,522				
OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	44,566	4,879	4,853		20,057		
071 HOME HEALTH AGENCY	144,903	2,333			10,987		5,600
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,607,009	206,317	1,173,041		44,719	167,048	484,064
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	12,191	9,848			46,379		42,611
098 01 DR. WHITT	169,552	4,358			20,525	644	7,061
098 02 TLMOB	46,791	30,878			145,427		63,552
098 03 FORMER MAB	392						
100 OCC MED	938	266	2,077				
100 01 VENDING ROOM	489	467	3,650				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,837,362	252,134	1,178,768		257,050	167,692	597,288

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	11	12	14	15	16	17	25
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-HOSPIT							
008 02 OPERATION OF PLANT-POB							
008 03 OPERATION OF PLANT-TLMAB							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	552,639						
012 CAFETERIA		303,418					
014 NURSING ADMINISTRATION		18,365	1,119,192				
015 CENTRAL SERVICES & SUPPLY		3,804		258,914			
016 PHARMACY		5,297		3,317	1,990,604		
017 MEDICAL RECORDS & LIBRARY		9,483		778		489,068	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	535,309	73,371	500,516	20,064		86,123	4,342,431
026 INTENSIVE CARE UNIT	17,330	4,150	28,287	2,767		1,871	396,017
033 NURSERY		5,024	34,244	2,095		1,695	243,457
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		23,061	157,246	54,191		34,781	2,101,570
039 DELIVERY ROOM & LABOR ROO		5,988	40,792	2,495		2,024	299,733
041 RADIOLOGY-DIAGNOSTIC		21,059		6,955		158,530	2,765,518
042 RADIOLOGY-THERAPEUTIC		1,456		485			172,829
043 RADIOISOTOPE		4,095		361			547,274
044 LABORATORY		28,722		98,573		59,938	2,349,067
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		7,554		1,818		1,610	635,043
051 OCCUPATIONAL THERAPY		1,802	12,248	314			128,989
052 SPEECH PATHOLOGY		273					61,220
053 ELECTROCARDIOLOGY		1,547	10,529	1,780			77,788
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					1,990,604		1,990,604
059 CAT SCAN		5,151		4,104			681,049
059 01 ONCOLOGY		2,694	18,372	701			187,503
059 02 CARDIOPULMONARY		13,032	88,955	10,837		6,195	790,036
OUTPAT SERVICE COST CNTRS							
060 CLINIC		5,096		3,531			249,795
061 EMERGENCY		28,067	191,425	24,341		136,301	2,637,801
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC		2,748					36,541
OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN		5,369	36,578	10,541			358,843
071 HOME HEALTH AGENCY		21,004		2,446			941,601
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	552,639	298,212	1,119,192	252,494	1,990,604	489,068	21,994,709
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC							174,491
098 01 DR. WHITT		5,206		6,420			1,096,406
098 02 TLMOB							530,228
098 03 FORMER MAB							2,432
100 OCC MED							8,163
100 01 VENDING ROOM							7,154
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	552,639	303,418	1,119,192	258,914	1,990,604	489,068	23,813,583

COST CENTER	I&R COST POST STEP- DOWN ADJ	TOTAL
	26	27
001 GENERAL SERVICE COST CNTR		
001 01 OLD CAP REL COSTS-BLDG &		
001 02 OLD CAP REL COSTS-BLDG &		
001 03 OLD CAP REL COSTS-BLDG &		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENERAL		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT-HOSPIT		
008 02 OPERATION OF PLANT-POB		
008 03 OPERATION OF PLANT-TLMAB		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
025 INPAT ROUTINE SRVC CNTRS		
026 ADULTS & PEDIATRICS		4,342,431
033 INTENSIVE CARE UNIT		396,017
037 NURSERY		243,457
039 ANCILLARY SRVC COST CNTRS		
041 OPERATING ROOM		2,101,570
042 DELIVERY ROOM & LABOR ROO		299,733
043 RADIOLOGY-DIAGNOSTIC		2,765,518
044 RADIOLOGY-THERAPEUTIC		172,829
048 RADIOISOTOPE		547,274
049 LABORATORY		2,349,067
050 INTRAVENOUS THERAPY		
051 RESPIRATORY THERAPY		
052 PHYSICAL THERAPY		635,043
053 OCCUPATIONAL THERAPY		128,989
055 SPEECH PATHOLOGY		61,220
056 ELECTROCARDIOLOGY		77,788
059 MEDICAL SUPPLIES CHARGED		
059 01 DRUGS CHARGED TO PATIENTS		1,990,604
059 02 CAT SCAN		681,049
060 ONCOLOGY		187,503
062 CARDIOPULMONARY		790,036
066 OUTPAT SERVICE COST CNTRS		
071 CLINIC		249,795
095 EMERGENCY		2,637,801
098 OBSERVATION BEDS (NON-DIS		
098 01 OBSERVATION BEDS (DISTINC		36,541
098 OTHER REIMBURS COST CNTRS		
100 DURABLE MEDICAL EQUIP-REN		358,843
101 HOME HEALTH AGENCY		941,601
102 SPEC PURPOSE COST CENTERS		
103 SUBTOTALS		21,994,709
098 NONREIMBURS COST CENTERS		
098 01 PHYSICIANS' PRIVATE OFFIC		174,491
098 02 DR. WHITT		1,096,406
098 03 TLMOB		530,228
100 01 FORMER MAB		2,432
100 OCC MED		8,163
100 01 VENDING ROOM		7,154
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		23,813,583

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	1.01	1.02	1.03	4a	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL		23,641	52,904		35,365	111,910	
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-HOSPIT		54,430	187,908			242,338	
008 02 OPERATION OF PLANT-POB							
008 03 OPERATION OF PLANT-TLMAB		3,056			13,001	16,057	
009 LAUNDRY & LINEN SERVICE		3,117	10,762			13,879	
010 HOUSEKEEPING		5,254	16,962		1,450	23,666	
011 DIETARY		8,253	28,491			36,744	
012 CAFETERIA		6,630	14,534		10,295	31,459	
014 NURSING ADMINISTRATION		4,944	17,067			22,011	
015 CENTRAL SERVICES & SUPPLY		10,639	36,730			47,369	
016 PHARMACY		3,866	13,347			17,213	
017 MEDICAL RECORDS & LIBRARY		6,511	19,716		3,406	29,633	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		40,734	140,626			181,360	
026 INTENSIVE CARE UNIT		5,361	18,507			23,868	
033 NURSERY		737	2,543			3,280	
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		21,127	72,935			94,062	
039 DELIVERY ROOM & LABOR ROO		1,820	6,285			8,105	
041 RADIOLOGY-DIAGNOSTIC		22,356	77,181			99,537	
042 RADIOLOGY-THERAPEUTIC		210	725			935	
043 RADIOISOTOPE		749	2,585			3,334	
044 LABORATORY		12,664	43,719			56,383	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		2,037	7,031			9,068	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		496	1,713			2,209	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CAT SCAN		913	3,153			4,066	
059 01 ONCOLOGY		1,632	5,633			7,265	
059 02 CARDIOPULMONARY		4,545	15,691			20,236	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		6,676	23,047			29,723	
061 EMERGENCY		13,507	46,630			60,137	
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC		1,963	6,779			8,742	
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN		5,985	2,627		22,221	30,833	
071 HOME HEALTH AGENCY		2,862			12,172	15,034	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		276,715	875,831		97,910	1,250,456	
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		12,079			51,383	63,462	
098 01 DR. WHITT		5,346			22,739	28,085	
098 02 TLMOB		37,876			161,115	198,991	
098 03 FORMER MAB							
100 OCC MED		326	1,125			1,451	
100 01 VENDING ROOM		572	1,976			2,548	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		332,914	878,932		333,147	1,544,993	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-HOSPIT	OPERATION OF PLANT-POB	OPERATION OF PLANT-TLMAB	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6	8	8.01	8.02	8.03	9	10
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	111,910						
008 OPERATION OF PLANT	1,185	1,185					
008 01 OPERATION OF PLANT-HOSPIT	5,331	207	247,876				
008 02 OPERATION OF PLANT-POB							
008 03 OPERATION OF PLANT-TLMAB	1,196	12			17,265		
009 LAUNDRY & LINEN SERVICE	683	12	4,180			18,754	
010 HOUSEKEEPING	2,631	20	6,589		88	56	33,050
011 DIETARY	2,147	32	11,067			116	1,954
012 CAFETERIA	1,231	25	5,646		624		
014 NURSING ADMINISTRATION	5,006	19	6,630				
015 CENTRAL SERVICES & SUPPLY	821	41	14,268				216
016 PHARMACY	9,140	15	5,185				512
017 MEDICAL RECORDS & LIBRARY	2,040	25	7,658		206		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,122	156	54,626			7,601	10,320
026 INTENSIVE CARE UNIT	1,322	21	7,189			117	1,145
033 NURSERY	909	3	988			193	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,359	81	28,331			4,631	4,042
039 DELIVERY ROOM & LABOR ROO	1,106	7	2,441				
041 RADIOLOGY-DIAGNOSTIC	11,151	86	29,981			1,405	1,805
042 RADIOLOGY-THERAPEUTIC	796	1	282				
043 RADIOISOTOPE	2,526	3	1,004				
044 LABORATORY	9,584	49	16,983			49	1,711
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	2,811	8	2,731			132	552
051 OCCUPATIONAL THERAPY	539						
052 SPEECH PATHOLOGY	286						
053 ELECTROCARDIOLOGY	284	2	665				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CAT SCAN	3,126	3	1,225				
059 01 ONCOLOGY	722	6	2,188			45	
059 02 CARDIOPULMONARY	2,947	17	6,095			85	579
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	808	26	8,953			145	1,105
061 EMERGENCY	9,765	52	18,113			4,107	2,533
062 OBSERVATION BEDS (NON-DIS)							
062 01 OBSERVATION BEDS (DISTINC	92	8	2,633				
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	1,300	23	1,021		1,347		
071 HOME HEALTH AGENCY	4,226	11			738		310
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	105,192	971	246,672		3,003	18,682	26,784
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	356	46			3,115		2,358
098 01 DR. WHITT	4,945	20			1,379	72	391
098 02 TLMOB	1,365	145			9,768		3,517
098 03 FORMER MAB	11						
100 OCC MED	27	1	437				
100 01 VENDING ROOM	14	2	767				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	111,910	1,185	247,876		17,265	18,754	33,050

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL
	11	12	14	15	16	17	
GENERAL SERVICE COST CNTR							25
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-HOSPIT							
008 02 OPERATION OF PLANT-POB							
008 03 OPERATION OF PLANT-TLMAB							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	52,060						
012 CAFETERIA		38,985					
014 NURSING ADMINISTRATION		2,360	36,026				
015 CENTRAL SERVICES & SUPPLY		489		63,204			
016 PHARMACY		681		810	33,556		
017 MEDICAL RECORDS & LIBRARY		1,218		190		40,970	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	50,428	9,427	16,112	4,898		7,215	354,265
026 INTENSIVE CARE UNIT	1,632	533	911	675		157	37,570
033 NURSERY		645	1,102	511		142	7,773
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,963	5,062	13,229		2,914	162,674
039 DELIVERY ROOM & LABOR ROO		769	1,313	609		170	14,520
041 RADIOLOGY-DIAGNOSTIC		2,706		1,698		13,279	161,648
042 RADIOLOGY-THERAPEUTIC		187		118			2,319
043 RADIOISOTOPE		526		88			7,481
044 LABORATORY		3,690		24,062		5,021	117,532
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		971		444		135	16,852
051 OCCUPATIONAL THERAPY		232	394	77			1,242
052 SPEECH PATHOLOGY		35					321
053 ELECTROCARDIOLOGY		199	339	435			4,133
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					33,556		33,556
059 CAT SCAN		662		1,002			10,084
059 01 ONCOLOGY		346	591	171			11,334
059 02 CARDIOPULMONARY		1,674	2,863	2,646		519	37,661
OUTPAT SERVICE COST CNTRS							
060 CLINIC		655		862			42,277
061 EMERGENCY		3,606	6,162	5,942		11,418	121,835
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC		353					11,828
OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN		690	1,177	2,573			38,964
071 HOME HEALTH AGENCY		2,699		597			23,615
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	52,060	38,316	36,026	61,637	33,556	40,970	1,219,484
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC							69,337
098 01 DR. WHITT		669		1,567			37,128
098 02 TLMOB							213,786
098 03 FORMER MAB							11
100 OCC MED							1,916
100 01 VENDING ROOM							3,331
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	52,060	38,985	36,026	63,204	33,556	40,970	1,544,993

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001 GENERAL SERVICE COST CNTR		
001 OLD CAP REL COSTS-BLDG &		
001 01 OLD CAP REL COSTS-BLDG &		
001 02 OLD CAP REL COSTS-BLDG &		
001 03 OLD CAP REL COSTS-BLDG &		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENERAL		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT-HOSPIT		
008 02 OPERATION OF PLANT-POB		
008 03 OPERATION OF PLANT-TLMAB		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		354,265
026 INTENSIVE CARE UNIT		37,570
033 NURSERY		7,773
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		162,674
039 DELIVERY ROOM & LABOR ROO		14,520
041 RADIOLOGY-DIAGNOSTIC		161,648
042 RADIOLOGY-THERAPEUTIC		2,319
043 RADIOISOTOPE		7,481
044 LABORATORY		117,532
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		16,852
051 OCCUPATIONAL THERAPY		1,242
052 SPEECH PATHOLOGY		321
053 ELECTROCARDIOLOGY		4,133
055 MEDICAL SUPPLIES CHARGED		
056 DRUGS CHARGED TO PATIENTS		33,556
059 CAT SCAN		10,084
059 01 ONCOLOGY		11,334
059 02 CARDIOPULMONARY		37,661
OUTPAT SERVICE COST CNTRS		
060 CLINIC		42,277
061 EMERGENCY		121,835
062 OBSERVATION BEDS (NON-DIS		
062 01 OBSERVATION BEDS (DISTINC		11,828
OTHER REIMBURS COST CNTRS		
066 DURABLE MEDICAL EQUIP-REN		38,964
071 HOME HEALTH AGENCY		23,615
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		1,219,484
NONREIMBURS COST CENTERS		
098 PHYSICIANS' PRIVATE OFFIC		69,337
098 01 DR. WHITT		37,128
098 02 TLMOB		213,786
098 03 FORMER MAB		11
100 OCC MED		1,916
100 01 VENDING ROOM		3,331
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		1,544,993

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	EMPLOYEE BENE	RECONCILIATION			
	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &	FITS	
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES)	
	1	1.01	1.02	1.03	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	109,361					
001 01 OLD CAP REL COSTS-BLD		83,633				
001 02 OLD CAP REL COSTS-BLD						
001 03 OLD CAP REL COSTS-BLD				25,727		
005 EMPLOYEE BENEFITS					10,533,701	
006 ADMINISTRATIVE & GENE	7,766	5,034		2,731	1,844,371	-3,837,362
008 OPERATION OF PLANT					159,189	
008 01 OPERATION OF PLANT-HO	17,880	17,880				
008 02 OPERATION OF PLANT-PO						
008 03 OPERATION OF PLANT-TL	1,004			1,004		
009 LAUNDRY & LINEN SERVI	1,024	1,024				
010 HOUSEKEEPING	1,726	1,614		112	254,610	
011 DIETARY	2,711	2,711			284,812	
012 CAFETERIA	2,178	1,383		795	121,258	
014 NURSING ADMINISTRATIO	1,624	1,624			631,312	
015 CENTRAL SERVICES & SU	3,495	3,495			72,328	
016 PHARMACY	1,270	1,270			105,879	
017 MEDICAL RECORDS & LIB	2,139	1,876		263	178,301	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	13,381	13,381			1,378,243	
026 INTENSIVE CARE UNIT	1,761	1,761			137,878	
033 NURSERY	242	242			108,129	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,940	6,940			734,920	
039 DELIVERY ROOM & LABOR	598	598			128,796	
041 RADIOLOGY-DIAGNOSTIC	7,344	7,344			961,856	
042 RADIOLOGY-THERAPEUTIC	69	69			46,149	
043 RADIOISOTOPE	246	246			146,297	
044 LABORATORY	4,160	4,160			583,052	
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY	669	669			231,223	
051 OCCUPATIONAL THERAPY					67,617	
052 SPEECH PATHOLOGY					37,385	
053 ELECTROCARDIOLOGY	163	163			14,107	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 CAT SCAN	300	300			161,905	
059 01 ONCOLOGY	536	536			76,923	
059 02 CARDIOPULMONARY	1,493	1,493			314,308	
OUTPAT SERVICE COST C						
060 CLINIC	2,193	2,193			70,968	
061 EMERGENCY	4,437	4,437			760,877	
062 OBSERVATION BEDS (NON						
062 01 OBSERVATION BEDS (DIS	645	645			4,854	
OTHER REIMBURS COST C						
066 DURABLE MEDICAL EQUIP	1,966	250		1,716	100,989	
071 HOME HEALTH AGENCY	940			940	437,011	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	90,900	83,338		7,561	10,155,547	-3,837,362
NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O	3,968			3,968		
098 01 DR. WHITT	1,756			1,756	377,682	
098 02 TLMOB	12,442			12,442		
098 03 FORMER MAB						
100 OCC MED	107	107			472	
100 01 VENDING ROOM	188	188				
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	332,914	878,932		333,147	3,461,817	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	3.044175	10.509392		12.949314	.328642	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-HOSPIT	OPERATION OF PLANT-POB	OPERATION OF PLANT-TLMAB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
	6	8	8.01	8.02	8.03	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
001 03 OLD CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	19,976,221						
008 OPERATION OF PLANT	211,505	101,595					
008 01 OPERATION OF PLANT-HO	951,597	17,880	60,719				
008 02 OPERATION OF PLANT-PO							
008 03 OPERATION OF PLANT-TL	213,538	1,004			21,992		
009 LAUNDRY & LINEN SERVI	121,863	1,024	1,024			26,577	
010 HOUSEKEEPING	469,641	1,726	1,614		112	80	2,453
011 DIETARY	383,308	2,711	2,711			164	145
012 CAFETERIA	219,674	2,178	1,383		795		
014 NURSING ADMINISTRATIO	893,610	1,624	1,624				
015 CENTRAL SERVICES & SU	146,540	3,495	3,495				16
016 PHARMACY	1,631,521	1,270	1,270				38
017 MEDICAL RECORDS & LIB	364,069	2,139	1,876		263		
025 ADULTS & PEDIATRICS	2,163,906	13,381	13,381			10,771	766
026 INTENSIVE CARE UNIT	235,980	1,761	1,761			166	85
033 NURSERY	162,216	242	242			273	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	1,313,552	6,940	6,940			6,563	300
039 DELIVERY ROOM & LABOR	197,418	598	598				
041 RADIOLOGY-DIAGNOSTIC	1,990,598	7,344	7,344			1,991	134
042 RADIOLOGY-THERAPEUTIC	142,083	69	69				
043 RADIOISOTOPE	450,829	246	246				
044 LABORATORY	1,710,755	4,160	4,160			70	127
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	501,847	669	669			187	41
051 OCCUPATIONAL THERAPY	96,154						
052 SPEECH PATHOLOGY	51,126						
053 ELECTROCARDIOLOGY	50,636	163	163				
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
059 CAT SCAN	558,030	300	300				
059 01 ONCOLOGY	128,845	536	536			64	
059 02 CARDIOPULMONARY	526,049	1,493	1,493			120	43
OUTPAT SERVICE COST C							
060 CLINIC	144,188	2,193	2,193			206	82
061 EMERGENCY	1,743,163	4,437	4,437			5,820	188
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS	16,500	645	645				
OTHER REIMBURS COST C							
066 DURABLE MEDICAL EQUIP	232,000	1,966	250		1,716		
071 HOME HEALTH AGENCY	754,328	940			940		23
095 SUBTOTALS	18,777,069	83,134	60,424		3,826	26,475	1,988
NONREIMBURS COST CENT							
098 PHYSICIANS' PRIVATE O	63,462	3,968			3,968		175
098 01 DR. WHITT	882,640	1,756			1,756	102	29
098 02 TLMOB	243,580	12,442			12,442		261
098 03 FORMER MAB	2,040						
100 OCC MED	4,882	107	107				
100 01 VENDING ROOM	2,548	188	188				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,837,362	252,134	1,178,768		257,050	167,692	597,288
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		2.481756				6.309666	
(WRKSHT B, PT I)	.192096		19.413495		11.688341		243.492866
105 COST TO BE ALLOCATED	111,910	1,185	247,876		17,265	18,754	33,050
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.011664				.705648	
(WRKSHT B, PT II)	.005602		4.082347		.785058		13.473298
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(MEALS SERVED)	(FTE'S)	(DIRECT SING HRS)	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(TIME)SPENT
	11	12	14	15	16	17
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
001 02 OLD CAP REL COSTS-BLD						
001 03 OLD CAP REL COSTS-BLD						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENE						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT-HO						
008 02 OPERATION OF PLANT-PO						
008 03 OPERATION OF PLANT-TL						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY	19,995					
012 CAFETERIA		16,670				
014 NURSING ADMINISTRATIO		1,009	187,502			
015 CENTRAL SERVICES & SU		209		1,363,307		
016 PHARMACY		291		17,463	100	
017 MEDICAL RECORDS & LIB		521		4,096		63,783
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	19,368	4,031	83,853	105,646		11,232
026 INTENSIVE CARE UNIT	627	228	4,739	14,569		244
033 NURSERY		276	5,737	11,029		221
ANCILLARY SRVC COST C						
037 OPERATING ROOM		1,267	26,344	285,340		4,536
039 DELIVERY ROOM & LABOR		329	6,834	13,137		264
041 RADIOLOGY-DIAGNOSTIC		1,157		36,620		20,675
042 RADIOLOGY-THERAPEUTIC		80		2,554		
043 RADIOISOTOPE		225		1,901		
044 LABORATORY		1,578		519,047		7,817
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY		415		9,575		210
051 OCCUPATIONAL THERAPY		99	2,052	1,655		
052 SPEECH PATHOLOGY		15				
053 ELECTROCARDIOLOGY		85	1,764	9,373		
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI					100	
059 CAT SCAN		283		21,608		
059 01 ONCOLOGY		148	3,078	3,691		
059 02 CARDIOPULMONARY		716	14,903	57,064		808
OUTPAT SERVICE COST C						
060 CLINIC		280		18,590		
061 EMERGENCY		1,542	32,070	128,165		17,776
062 OBSERVATION BEDS (NON						
062 01 OBSERVATION BEDS (DIS		151				
OTHER REIMBURS COST C						
066 DURABLE MEDICAL EQUIP		295	6,128	55,502		
071 HOME HEALTH AGENCY		1,154		12,880		
SPEC PURPOSE COST CEN						
095 SUBTOTALS	19,995	16,384	187,502	1,329,505	100	63,783
NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O						
098 01 DR. WHITT		286		33,802		
098 02 TLMOB						
098 03 FORMER MAB						
100 OCC MED						
100 01 VENDING ROOM						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	552,639	303,418	1,119,192	258,914	1,990,604	489,068
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		18.201440		.189916		7.667686
(WRKSHT B, PT I)	27.638860		5.968960		19,906.040000	
105 COST TO BE ALLOCATED	52,060	38,985	36,026	63,204	33,556	40,970
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER		2.338632		.046361		.642334
(WRKSHT B, PT II)	2.603651		.192137		335.560000	
107 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,342,431		4,342,431		
26	INTENSIVE CARE UNIT	396,017		396,017		
33	NURSERY	243,457		243,457		
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	2,101,570		2,101,570		
39	DELIVERY ROOM & LABOR ROO	299,733		299,733		
41	RADIOLOGY-DIAGNOSTIC	2,765,518		2,765,518		
42	RADIOLOGY-THERAPEUTIC	172,829		172,829		
43	RADIOISOTOPE	547,274		547,274		
44	LABORATORY	2,349,067		2,349,067		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	635,043		635,043		
51	OCCUPATIONAL THERAPY	128,989		128,989		
52	SPEECH PATHOLOGY	61,220		61,220		
53	ELECTROCARDIOLOGY	77,788		77,788		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,990,604		1,990,604		
59	CAT SCAN	681,049		681,049		
59 01	ONCOLOGY	187,503		187,503		
59 02	CARDIOPULMONARY	790,036		790,036		
60	OUTPAT SERVICE COST CNTRS CLINIC	249,795		249,795		
61	EMERGENCY	2,637,801		2,637,801		
62	OBSERVATION BEDS (NON-DIS	450,570		450,570		
62 01	OBSERVATION BEDS (DISTINC	36,541		36,541		
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN	358,843		358,843		
101	SUBTOTAL	21,503,678		21,503,678		
102	LESS OBSERVATION BEDS	450,570		450,570		
103	TOTAL	21,053,108		21,053,108		

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	2,546,582		2,546,582			
26	INTENSIVE CARE UNIT	169,863		169,863			
33	NURSERY	480,410		480,410			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	779,254	2,757,324	3,536,578	.594238	.594238	
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	349,505	2,995,242	3,344,747	.826824	.826824	
42	RADIOLOGY-THERAPEUTIC	47,702	257,262	304,964	.566719	.566719	
43	RADIOISOTOPE	251,907	1,605,425	1,857,332	.294656	.294656	
44	LABORATORY	1,063,235	5,098,990	6,162,225	.381204	.381204	
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	205,547	561,491	767,038	.827916	.827916	
51	OCCUPATIONAL THERAPY	60,640	89,729	150,369	.857816	.857816	
52	SPEECH PATHOLOGY	39,720	53,765	93,485	.654864	.654864	
53	ELECTROCARDIOLOGY	48,785	640,937	689,722	.112782	.112782	
55	MEDICAL SUPPLIES CHARGED		53	53			
56	DRUGS CHARGED TO PATIENTS	1,511,759	4,303,536	5,815,295	.342305	.342305	
59	CAT SCAN	317,683	4,981,612	5,299,295	.128517	.128517	
59 01	ONCOLOGY	2,499	228,704	231,203	.810989	.810989	
59 02	CARDIOPULMONARY	949,931	364,923	1,314,854	.600855	.600855	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,192	49,166	51,358	4.863799	4.863799	
61	EMERGENCY	50,845	4,349,042	4,399,887	.599516	.599516	
62	OBSERVATION BEDS (NON-DIS		877,834	877,834	.513275	.513275	
62 01	OBSERVATION BEDS (DISTINC		175,567	175,567	.208131	.208131	
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		375,895	375,895	.954636	.954636	
101	SUBTOTAL	8,878,059	29,766,497	38,644,556			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,878,059	29,766,497	38,644,556			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	4,342,431		4,342,431		
26	INTENSIVE CARE UNIT	396,017		396,017		
33	NURSERY	243,457		243,457		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,101,570		2,101,570		
39	DELIVERY ROOM & LABOR ROO	299,733		299,733		
41	RADIOLOGY-DIAGNOSTIC	2,765,518		2,765,518		
42	RADIOLOGY-THERAPEUTIC	172,829		172,829		
43	RADIOISOTOPE	547,274		547,274		
44	LABORATORY	2,349,067		2,349,067		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	635,043		635,043		
51	OCCUPATIONAL THERAPY	128,989		128,989		
52	SPEECH PATHOLOGY	61,220		61,220		
53	ELECTROCARDIOLOGY	77,788		77,788		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,990,604		1,990,604		
59	CAT SCAN	681,049		681,049		
59 01	ONCOLOGY	187,503		187,503		
59 02	CARDIOPULMONARY	790,036		790,036		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	249,795		249,795		
61	EMERGENCY	2,637,801		2,637,801		
62	OBSERVATION BEDS (NON-DIS	450,570		450,570		
62 01	OBSERVATION BEDS (DISTINC	36,541		36,541		
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	358,843		358,843		
101	SUBTOTAL	21,503,678		21,503,678		
102	LESS OBSERVATION BEDS	450,570		450,570		
103	TOTAL	21,053,108		21,053,108		

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	2,546,582		2,546,582			
26	INTENSIVE CARE UNIT	169,863		169,863			
33	NURSERY	480,410		480,410			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	779,254	2,757,324	3,536,578	.594238	.594238	
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	349,505	2,995,242	3,344,747	.826824	.826824	
42	RADIOLOGY-THERAPEUTIC	47,702	257,262	304,964	.566719	.566719	
43	RADIOISOTOPE	251,907	1,605,425	1,857,332	.294656	.294656	
44	LABORATORY	1,063,235	5,098,990	6,162,225	.381204	.381204	
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	205,547	561,491	767,038	.827916	.827916	
51	OCCUPATIONAL THERAPY	60,640	89,729	150,369	.857816	.857816	
52	SPEECH PATHOLOGY	39,720	53,765	93,485	.654864	.654864	
53	ELECTROCARDIOLOGY	48,785	640,937	689,722	.112782	.112782	
55	MEDICAL SUPPLIES CHARGED		53	53			
56	DRUGS CHARGED TO PATIENTS	1,511,759	4,303,536	5,815,295	.342305	.342305	
59	CAT SCAN	317,683	4,981,612	5,299,295	.128517	.128517	
59 01	ONCOLOGY	2,499	228,704	231,203	.810989	.810989	
59 02	CARDIOPULMONARY	949,931	364,923	1,314,854	.600855	.600855	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,192	49,166	51,358	4.863799	4.863799	
61	EMERGENCY	50,845	4,349,042	4,399,887	.599516	.599516	
62	OBSERVATION BEDS (NON-DIS		877,834	877,834	.513275	.513275	
62 01	OBSERVATION BEDS (DISTINC		175,567	175,567	.208131	.208131	
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		375,895	375,895	.954636	.954636	
101	SUBTOTAL	8,878,059	29,766,497	38,644,556			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,878,059	29,766,497	38,644,556			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,101,570	162,674	1,938,896			2,101,570
39	DELIVERY ROOM & LABOR ROO	299,733	14,520	285,213			299,733
41	RADIOLOGY-DIAGNOSTIC	2,765,518	161,648	2,603,870			2,765,518
42	RADIOLOGY-THERAPEUTIC	172,829	2,319	170,510			172,829
43	RADIOISOTOPE	547,274	7,481	539,793			547,274
44	LABORATORY	2,349,067	117,532	2,231,535			2,349,067
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	635,043	16,852	618,191			635,043
51	OCCUPATIONAL THERAPY	128,989	1,242	127,747			128,989
52	SPEECH PATHOLOGY	61,220	321	60,899			61,220
53	ELECTROCARDIOLOGY	77,788	4,133	73,655			77,788
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,990,604	33,556	1,957,048			1,990,604
59	CAT SCAN	681,049	10,084	670,965			681,049
59 01	ONCOLOGY	187,503	11,334	176,169			187,503
59 02	CARDIOPULMONARY	790,036	37,661	752,375			790,036
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	249,795	42,277	207,518			249,795
61	EMERGENCY	2,637,801	121,835	2,515,966			2,637,801
62	OBSERVATION BEDS (NON-DIS	450,570		450,570			450,570
62 01	OBSERVATION BEDS (DISTINC	36,541	11,828	24,713			36,541
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	358,843	38,964	319,879			358,843
101	SUBTOTAL	16,521,773	796,261	15,725,512			16,521,773
102	LESS OBSERVATION BEDS	450,570		450,570			450,570
103	TOTAL	16,071,203	796,261	15,274,942			16,071,203

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,536,578	.594238	.594238
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	3,344,747	.826824	.826824
42	RADIOLOGY-THERAPEUTIC	304,964	.566719	.566719
43	RADIOISOTOPE	1,857,332	.294656	.294656
44	LABORATORY	6,162,225	.381204	.381204
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	767,038	.827916	.827916
51	OCCUPATIONAL THERAPY	150,369	.857816	.857816
52	SPEECH PATHOLOGY	93,485	.654864	.654864
53	ELECTROCARDIOLOGY	689,722	.112782	.112782
55	MEDICAL SUPPLIES CHARGED	53		
56	DRUGS CHARGED TO PATIENTS	5,815,295	.342305	.342305
59	CAT SCAN	5,299,295	.128517	.128517
59 01	ONCOLOGY	231,203	.810989	.810989
59 02	CARDIOPULMONARY	1,314,854	.600855	.600855
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	51,358	4.863799	4.863799
61	EMERGENCY	4,399,887	.599516	.599516
62	OBSERVATION BEDS (NON-DIS	877,834	.513275	.513275
62 01	OBSERVATION BEDS (DISTINC	175,567	.208131	.208131
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	375,895	.954636	.954636
101	SUBTOTAL	35,447,701		
102	LESS OBSERVATION BEDS	877,834		
103	TOTAL	34,569,867		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL REDUCTION	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3		REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,101,570	162,674	1,938,896			2,101,570
39	DELIVERY ROOM & LABOR ROO	299,733	14,520	285,213			299,733
41	RADIOLOGY-DIAGNOSTIC	2,765,518	161,648	2,603,870			2,765,518
42	RADIOLOGY-THERAPEUTIC	172,829	2,319	170,510			172,829
43	RADIOISOTOPE	547,274	7,481	539,793			547,274
44	LABORATORY	2,349,067	117,532	2,231,535			2,349,067
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	635,043	16,852	618,191			635,043
51	OCCUPATIONAL THERAPY	128,989	1,242	127,747			128,989
52	SPEECH PATHOLOGY	61,220	321	60,899			61,220
53	ELECTROCARDIOLOGY	77,788	4,133	73,655			77,788
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,990,604	33,556	1,957,048			1,990,604
59	CAT SCAN	681,049	10,084	670,965			681,049
59 01	ONCOLOGY	187,503	11,334	176,169			187,503
59 02	CARDIOPULMONARY	790,036	37,661	752,375			790,036
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	249,795	42,277	207,518			249,795
61	EMERGENCY	2,637,801	121,835	2,515,966			2,637,801
62	OBSERVATION BEDS (NON-DIS	450,570		450,570			450,570
62 01	OBSERVATION BEDS (DISTINC	36,541	11,828	24,713			36,541
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	358,843	38,964	319,879			358,843
101	SUBTOTAL	16,521,773	796,261	15,725,512			16,521,773
102	LESS OBSERVATION BEDS	450,570		450,570			450,570
103	TOTAL	16,071,203	796,261	15,274,942			16,071,203

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,536,578	.594238	.594238
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	3,344,747	.826824	.826824
42	RADIOLOGY-THERAPEUTIC	304,964	.566719	.566719
43	RADIOISOTOPE	1,857,332	.294656	.294656
44	LABORATORY	6,162,225	.381204	.381204
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	767,038	.827916	.827916
51	OCCUPATIONAL THERAPY	150,369	.857816	.857816
52	SPEECH PATHOLOGY	93,485	.654864	.654864
53	ELECTROCARDIOLOGY	689,722	.112782	.112782
55	MEDICAL SUPPLIES CHARGED	53		
56	DRUGS CHARGED TO PATIENTS	5,815,295	.342305	.342305
59	CAT SCAN	5,299,295	.128517	.128517
59 01	ONCOLOGY	231,203	.810989	.810989
59 02	CARDIOPULMONARY	1,314,854	.600855	.600855
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	51,358	4.863799	4.863799
61	EMERGENCY	4,399,887	.599516	.599516
62	OBSERVATION BEDS (NON-DIS	877,834	.513275	.513275
62 01	OBSERVATION BEDS (DISTINC	175,567	.208131	.208131
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	375,895	.954636	.954636
101	SUBTOTAL	35,447,701		
102	LESS OBSERVATION BEDS	877,834		
103	TOTAL	34,569,867		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	2,093,102	3,536,578			
39	DELIVERY ROOM & LABOR ROO	299,830				
41	RADIOLOGY-DIAGNOSTIC	2,754,409	3,344,747			
42	RADIOLOGY-THERAPEUTIC	172,839	304,964			
43	RADIOISOTOPE	547,257	1,857,332			
44	LABORATORY	2,351,292	6,162,225			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	634,482	767,038			
51	OCCUPATIONAL THERAPY	129,110	150,369			
52	SPEECH PATHOLOGY	61,252	93,485			
53	ELECTROCARDIOLOGY	77,588	689,722			
55	MEDICAL SUPPLIES CHARGED		53			
56	DRUGS CHARGED TO PATIENTS	1,998,372	5,815,295			
59	CAT SCAN	680,964	5,299,295			
59 01	ONCOLOGY	186,803	231,203			
59 02	CARDIOPULMONARY	788,188	1,314,854			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	246,442	51,358			
61	EMERGENCY	2,583,998	4,399,887			
62	OBSERVATION BEDS (NON-DIS	446,841	516,240			
62 01	OBSERVATION BEDS (DISTINC	35,674	123,860			
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	359,117	375,895			
101	TOTAL	16,447,560	35,034,400			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,093,102	375,218	2,468,320	3,536,578			
39	DELIVERY ROOM & LABOR ROO	299,830		299,830				
41	RADIOLOGY-DIAGNOSTIC	2,754,409	196,500	2,950,909	3,344,747			
42	RADIOLOGY-THERAPEUTIC	172,839		172,839	304,964			
43	RADIOISOTOPE	547,257		547,257	1,857,332			
44	LABORATORY	2,351,292	48,000	2,399,292	6,162,225			
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY	634,482		634,482	767,038			
51	OCCUPATIONAL THERAPY	129,110		129,110	150,369			
52	SPEECH PATHOLOGY	61,252		61,252	93,485			
53	ELECTROCARDIOLOGY	77,588		77,588	689,722			
55	MEDICAL SUPPLIES CHARGED				53			
56	DRUGS CHARGED TO PATIENTS	1,998,372		1,998,372	5,815,295			
59	CAT SCAN	680,964		680,964	5,299,295			
59 01	ONCOLOGY	186,803	30,000	216,803	231,203			
59 02	CARDIOPULMONARY	788,188		788,188	1,314,854			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	246,442		246,442	51,358			
61	EMERGENCY	2,583,998		2,583,998	4,399,887			
62	OBSERVATION BEDS (NON-DIS	446,841		446,841	516,240			
62 01	OBSERVATION BEDS (DISTINC	35,674		35,674	123,860			
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN	359,117		359,117	375,895			
101	TOTAL	16,447,560	649,718	17,097,278	35,034,400			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.594238		.594238		
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC	.826824		.826824		
42 RADIOLOGY-THERAPEUTIC	.566719		.566719		
43 RADIOISOTOPE	.294656		.294656		
44 LABORATORY	.381204		.381204		
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY	.827916		.827916		
51 OCCUPATIONAL THERAPY	.857816		.857816		
52 SPEECH PATHOLOGY	.654864		.654864		
53 ELECTROCARDIOLOGY	.112782		.112782		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.342305		.342305		
59 CAT SCAN	.128517		.128517		
59 01 ONCOLOGY	.810989		.810989		
59 02 CARDIOPULMONARY	.600855		.600855		
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	4.863799		4.863799		
61 EMERGENCY	.599516		.599516		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.513275		.513275		
62 01 OBSERVATION BEDS (DISTINCT PART)	.208131		.208131		
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED	.954636		.954636		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic 4	All Other (1) 5	Outpatient Ambulatory Surgical Ctr 6	Outpatient Radiology 7	Other Outpatient Diagnostic 8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		963,682			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		1,538,981			
42 RADIOLOGY-THERAPEUTIC		87,812			
43 RADIOISOTOPE		134,721			
44 LABORATORY		2,007,673			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY		233,531			
51 OCCUPATIONAL THERAPY		30,315			
52 SPEECH PATHOLOGY		19,909			
53 ELECTROCARDIOLOGY		257,124			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		2,404,846			
59 CAT SCAN		1,746,913			
59 01 ONCOLOGY		126,582			
59 02 CARDIOPULMONARY		186,511			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		1,074,866			
62 OBSERVATION BEDS (NON-DISTINCT PART)		576,911			
62 01 OBSERVATION BEDS (DISTINCT PART)		115,382			
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		11,505,759			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		11,505,759			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	572,656		
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC	1,272,466		
42 RADIOLOGY-THERAPEUTIC	49,765		
43 RADIOISOTOPE	39,696		
44 LABORATORY	765,333		
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY	193,344		
51 OCCUPATIONAL THERAPY	26,005		
52 SPEECH PATHOLOGY	13,038		
53 ELECTROCARDIOLOGY	28,999		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS	823,191		
59 CAT SCAN	224,508		
59 01 ONCOLOGY	102,657		
59 02 CARDIOPULMONARY	112,066		
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY	644,399		
62 OBSERVATION BEDS (NON-DISTINCT PART)	296,114		
62 01 OBSERVATION BEDS (DISTINCT PART)	24,015		
OTHER REIMBURS COST CNTRS			
66 DURABLE MEDICAL EQUIP-RENTED			
101 SUBTOTAL	5,188,252		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	5,188,252		

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,124
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,731
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,731
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,259
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	134
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,037
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,244
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,342,431
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	18,708
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,109,606
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,232,825

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,805,592
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,805,592
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.152279
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	751.97
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,232,825

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					866.48
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,765,020
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,765,020

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	396,017	174	2,275.96	138	314,082
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1
1,254,654
3,333,756

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	1,077,901
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	1,077,901
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,124
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,731
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,731
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,259
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	134
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	512
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	451
16	NURSERY DAYS (TITLE V OR XIX ONLY)	308

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,342,431
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	175,769
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	18,708
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,109,606
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,232,825

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,805,592
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,805,592
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.152279
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	751.97
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,232,825

TITLE XIX - I/P HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	520
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	866.48
85	OBSERVATION BED COST	450,570

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2009	
I	15-1312	I	FROM	I	1/ 1/2008	I	WORKSHEET E
I	COMPONENT NO:	I	TO	I	12/31/2008	I	PART B
I	15-1312	I		I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,188,469
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,188,469

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,240,354
20	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

21	CAH DEDUCTIBLES	36,955
22	CAH ACTUAL BILLED COINSURANCE	1,905,841
23	LINE 17.01 (SEE INSTRUCTIONS)	
24	SUBTOTAL (SEE INSTRUCTIONS)	3,297,558
25	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
26	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
27	ESRD DIRECT MEDICAL EDUCATION COSTS	
28	SUBTOTAL	3,297,558
29	PRIMARY PAYER PAYMENTS	5,186
30	SUBTOTAL	3,292,372

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

31	COMPOSITE RATE ESRD	
32	BAD DEBTS (SEE INSTRUCTIONS)	241,350
33	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	241,350
34	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	216,695
35	SUBTOTAL	3,533,722
36	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
37	OTHER ADJUSTMENTS (SPECIFY)	
38	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
39	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
40	SUBTOTAL	3,533,722
41	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
42	INTERIM PAYMENTS	3,836,675
43	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
44	BALANCE DUE PROVIDER/PROGRAM	-302,953
45	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,277,062		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/ 1/2008	88,842		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		88,842		NONE
4 TOTAL INTERIM PAYMENTS		1,365,904		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		139,920		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,505,824		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	3,333,756
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,333,756
5	PRIMARY PAYER PAYMENTS	11,339
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,355,641
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,355,641
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	436,633
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,919,008
23	COINSURANCE	2,816
24	SUBTOTAL	2,916,192
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	51,264
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	51,264
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	43,283
26	SUBTOTAL	2,967,456
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,967,456
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,807,493
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	159,963
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

Health Financial Systems MCRIF52 FOR WHITE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
 CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I - I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
58	BALANCE DUE PROVIDER/PROGRAM		1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		583,345	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	4,234,141			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,021,721			
5 OTHER RECEIVABLES	1,170,000			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	572,848			
8 PREPAID EXPENSES	162,862			
9 OTHER CURRENT ASSETS	113,852			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	11,275,424			
FIXED ASSETS				
12 LAND	982,570			
12.01 LAND IMPROVEMENTS	1,146,546			
13.01 LESS ACCUMULATED DEPRECIATION	-283,323			
14 BUILDINGS	32,383,534			
14.01 LESS ACCUMULATED DEPRECIATION	-8,321,288			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	2,114,077			
16.01 LESS ACCUMULATED DEPRECIATION	-1,888,816			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	26,133,300			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	8,228,946			
26 TOTAL OTHER ASSETS	8,228,946			
27 TOTAL ASSETS	45,637,670			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	690,323			
29 SALARIES, WAGES & FEES PAYABLE	790,376			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,765,284			
36 TOTAL CURRENT LIABILITIES	3,245,983			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	1,033,223			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	25,176,274			
42 TOTAL LONG-TERM LIABILITIES	26,209,497			
43 TOTAL LIABILITIES	29,455,480			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	16,182,190			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	16,182,190			
52 TOTAL LIABILITIES AND FUND BALANCES	45,637,670			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	9,580,289		9,580,289
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,580,289		9,580,289
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	9,580,289		9,580,289
17 00 ANCILLARY SERVICES		866,673	866,673
18 00 OUTPATIENT SERVICES		27,553,769	27,553,769
19 00 HOME HEALTH AGENCY			
24 00			
25 00 TOTAL PATIENT REVENUES	9,580,289	28,420,442	38,000,731

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	25,726,323
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	25,726,323

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5		59,788			153,964	213,752
HHA REIMBURSABLE SERVICES						
6		180,569				180,569
7		81,722				81,722
8		9,591				9,591
9		2,406				2,406
10						
11		107,634				107,634
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24		441,710			153,964	595,674

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		213,752		213,752
HHA REIMBURSABLE SERVICES				
6		180,569		180,569
7		81,722		81,722
8		9,591		9,591
9		2,406		2,406
10				
11		107,634		107,634
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		595,674		595,674

Health Financial Systems WKST. B
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR WHITE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART I
 I 15-7514 I I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-BLDG & 1.01	OLD CAP REL COSTS-BLDG & 1.02	OLD CAP REL COSTS-BLDG & 1.03	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL		2,862				
2 SKILLED NURSING CARE	281,628				12,172	143,620
3 PHYSICAL THERAPY	127,460					
4 OCCUPATIONAL THERAPY	14,959					
5 SPEECH PATHOLOGY	3,753					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	167,874					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	595,674	2,862			12,172	143,620
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8	OPERATION OF PLANT-HOSPI 8.01	OPERATION OF PLANT-POB 8.02	OPERATION OF PLANT-TLMAB 8.03
1 ADMIN & GENERAL	158,654	30,477	2,333			
2 SKILLED NURSING CARE	281,628	54,099				10,987
3 PHYSICAL THERAPY	127,460	24,484				
4 OCCUPATIONAL THERAPY	14,959	2,874				
5 SPEECH PATHOLOGY	3,753	721				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	167,874	32,248				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	754,328	144,903	2,333			10,987
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HEALTH FINANCIAL SYSTEMS
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR WHITE COUNTY MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART I
 I 15-7514 I I

HHA 1

HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		5,600		21,004		2,446
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,600		21,004		2,446
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			231,501		231,501	
2 SKILLED NURSING CARE			335,727		335,727	109,450
3 PHYSICAL THERAPY			151,944		151,944	49,536
4 OCCUPATIONAL THERAPY			17,833		17,833	5,814
5 SPEECH PATHOLOGY			4,474		4,474	1,459
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			200,122		200,122	65,242
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			941,601		941,601	231,501
21 UNIT COST MULTIPLIER						0.326012

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

TOTAL HHA
 COSTS
 29

HHA COST CENTER		TOTAL HHA COSTS
1	ADMIN & GENERAL	
2	SKILLED NURSING CARE	445,177
3	PHYSICAL THERAPY	201,480
4	OCCUPATIONAL THERAPY	23,647
5	SPEECH PATHOLOGY	5,933
6	MEDICAL SOCIAL SERVICES	
7	HOME HEALTH AIDE	265,364
8	SUPPLIES	
9	DRUGS	
9.20	COST ADMINISTERING DRUGS	
10	DME	
11	HOME DIALYSIS AIDE SVCS	
12	RESPIRATORY THERAPY	
13	PRIVATE DUTY NURSING	
14	CLINIC	
15	HEALTH PROM ACTIVITIES	
16	DAY CARE PROGRAM	
17	HOME DEL MEALS PROGRAM	
18	HOMEMAKER SERVICE	
19	ALL OTHER	
19.50	TELEMEDICINE	
20	TOTAL (SUM OF 1-19) (2)	941,601
21	UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HEALTH FINANCIAL SYSTEMS MCKR1P52
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR WHITE COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7514 I I

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.01	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.02	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.03	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1 ADMIN & GENERAL	940			940	437,011	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	940			940	437,011	
21 COST TO BE ALLOCATED	2,862			12,172	143,620	
22 UNIT COST MULTIPLIER	3.044681			12.948936	0.328642	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	OPERATION OF PLANT-HOSPITAL (SQUARE FEET) 8.01	OPERATION OF PLANT-POB (SQUARE FEET) 8.02	OPERATION OF PLANT-TLMAB (SQUARE FEET) 8.03	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1 ADMIN & GENERAL	158,654	940			940	
2 SKILLED NURSING CARE	281,628					
3 PHYSICAL THERAPY	127,460					
4 OCCUPATIONAL THERAPY	14,959					
5 SPEECH PATHOLOGY	3,753					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	167,874					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	754,328	940			940	
21 COST TO BE ALLOCATED	144,903	2,333			10,987	
22 UNIT COST MULTIPLIER	0.192095	2.481915			11.688298	

HHA 1

HHA COST CENTER	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIS.)	PHARMACY (COSTED EQUIS.)
	10	11	12	14	15	16
1 ADMIN & GENERAL	23		1,154		12,880	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	23		1,154		12,880	
21 COST TO BE ALLOCATED	5,600		21,004		2,446	
22 UNIT COST MULTIPLIER	243.478261		18.201040		0.189907	

MEDICAL RECO
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 (TIME SPENT)
 17

HHA COST CENTER

1	ADMIN & GENERAL
2	SKILLED NURSING CARE
3	PHYSICAL THERAPY
4	OCCUPATIONAL THERAPY
5	SPEECH PATHOLOGY
6	MEDICAL SOCIAL SERVICES
7	HOME HEALTH AIDE
8	SUPPLIES
9	DRUGS
9.20	COST ADMINISTERING DRUGS
10	DME
11	HOME DIALYSIS AIDE SVCS
12	RESPIRATORY THERAPY
13	PRIVATE DUTY NURSING
14	CLINIC
15	HEALTH PROM ACTIVITIES
16	DAY CARE PROGRAM
17	HOME DEL MEALS PROGRAM
18	HOMEMAKER SERVICE
19	ALL OTHER
19.50	TELEMEDICINE
20	TOTAL (SUM OF 1-19)
21	COST TO BE ALLOCATED
22	UNIT COST MULTIPLIER

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES							PART A
1 SKILLED NURSING	2	445,177		445,177	2,484	179.22	1,234
2 PHYSICAL THERAPY	3	201,480		201,480	2,128	94.68	1,316
3 OCCUPATIONAL THERAPY	4	23,647		23,647	111	213.04	66
4 SPEECH PATHOLOGY	5	5,933		5,933	44	134.84	17
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7	265,364		265,364	3,455	76.81	542
7 TOTAL		941,601		941,601	8,222		3,175

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1 SKILLED NURSING	722			221,157		129,397	350,554
2 PHYSICAL THERAPY	455			124,599		43,079	167,678
3 OCCUPATIONAL THERAPY	8			14,061		1,704	15,765
4 SPEECH PATHOLOGY				2,292			2,292
5 MEDICAL SOCIAL SERVICES							
6 HOME HEALTH AIDE SERVICES	261			41,631		20,047	61,678
7 TOTAL	1,446			403,740		194,227	597,967

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS	
PATIENT SERVICES						PART A	
		1	2	3	4	5	6
8 SKILLED NURSING	9915						
9 PHYSICAL THERAPY	9915						
10 OCCUPATIONAL THERAPY	9915						
11 SPEECH PATHOLOGY	9915						
12 MEDICAL SOCIAL SERVICES	9915						
13 HOME HEALTH AIDE SERVICE	9915						
14 TOTAL							

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
8 SKILLED NURSING							
9 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
14 TOTAL							

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2008 I PARTS I II & III
 I 15-7514 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00						1,514
16 COST OF DRUGS	9.00				3,405		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	1,891			
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WRKST 5-4	9915	
17 PER BENE COST LIMITATION (FRM FI)	9915	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.827916			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.857816			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.654864			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55				COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.342305			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM VISITS -----		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	94.68	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	213.04					
3 SPEECH PATHOLOGY	4	134.84					
4 TOTAL (SUM OF LINES 1-3)							

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
 I 15-1312 I FROM 1/ 1/2008 I WORKSHEET H-7
 I HHA NO: I TO 12/31/2008 I PARTS I & II
 I 15-7514 I I

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	430,579	190,033
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		3,922
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES		374
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	3,145	457
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		1,755
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	433,724	196,541
13 EXCESS REASONABLE COST		
14 SUBTOTAL	433,724	196,541
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	433,724	196,541
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	433,724	196,541
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	433,724	196,541
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	433,724	196,541
25 INTERIM PAYMENTS	433,724	196,540
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		1
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

